

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
101655225
APPLICANT(S)

FILING DATE

8117700

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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